

Lanesboro Farmers Market 2008 Vendor Application

Name of Vendor

A vendor may be an individual, household or family or single business entity such as a partnership, sole proprietorship, corporation, limited liability company or church. Include the name of anyone who may work in the stall. "Family" means the vendor and vendor's spouse, parents or children. "Family" does not include cousins, aunts, uncles or adult brothers or sisters of the vendor. The person signing this application is representing and binding the vendor under this application.

VENDOR NAME	ADDRESS	PHONE	E-MAIL
-------------	---------	-------	--------

Which days do you plan to sell? _____ Wed. _____ Sat. _____ Both

List the Product(s) that you intend to sell at the Market (Use the back if you need more space.)
(Note: You need not list specific fruits or vegetables unless you wish to. This information helps the market committee plan for and promote the market.

Do you intend to sell crafts of any type? If so, provide information about these items and explain how they will comply with the market rules regarding crafts. Use the back if you need more space.

Do you intend to prepare and sell jams, jellies, fruit syrups, cakes, cookies, fruit pies, breads,lefse, pickles, or processed vegetables or fruits? If yes, are you either licensed to

sell such items, or are you exempt from licensing according to Minnesota law? (see the state information supplied with this packet)

PRODUCT(S)	EXEMPT Y/N	License # (if not exempt)
------------	------------	---------------------------

Do you intend to sell nursery stock, (including but not limited to, trees, shrubs, vines, perennials, biennials, grafts, cuttings, and buds)? If yes, are you either licensed to sell such items, or are you exempt from licensing according to Minnesota laws? (see the state nursery information included in this packet)

PRODUCT(S)	EXEMPT Y/N	License # (if not exempt)
------------	------------	---------------------------

Do you intend to sell wild mushrooms?

If yes, have you completed an accredited wild mushroom identification course? (Contact MN Dept. Of Agriculture for more information)

Affidavit

I have read and understand the Lanesboro Farmers Market Policy and Procedures, agree to abide by them, and have received a copy of them. I understand that these rules may be amended from time to time and it is my responsibility to have the most current copy. I will leave my current mailing address with the manager so that I receive notice of changes and other necessary information about the operation of the Farmers Market.

I understand that failure to abide by the Policies and Procedures may result in my disqualification, and this vendor's disqualification, from participation in the Farmers Market. I agree that as a market vendor I will comply with all state, federal or local laws, rules or regulations which may apply to the products that I sell,

including but not limited to labeling, scale requirements, egg temperature, sales tax and health codes. I will act in good faith to assure that all my Farmers Market customers are satisfied with the products I sell at the Market.

I, for myself and for the business or entity I represent, agree that the City as Farmers Market sponsor is not responsible to me or my business for any loss to my business or property due to power surges or power spikes. If I or my agents do not comply with the requirements for stall clean up, I agree that the city may perform the necessary clean up tasks and I will pay the clean up surcharge assessed against me and my stall for the cost of such clean up.

Signature_____Date_____

2008 vendor fee: \$25. seasonal or \$5. per day plus \$5. application fee

_____ \$5. application fee enclosed

_____ \$25. vendor fee enclosed

_____ \$5. daily fee enclosed (please state which date or dates fee applies to)
(note - daily fee is an alternative to the seasonal \$25. fee, not additional)

Submit your application, fees and certificate of insurance at least one week prior to your first sell date to:

Jerilyn Eddy

34838 Forest Trail

Lanesboro MN 55949

eddyvill@acaegroup.cc

507-467-2358